Anabaptist Disabilities Network

Mental Health Resource for Congregations

Introduction to Mental Health

Mental health gives us the ability to engage in meaningful activities and relationships. It gives us resilience in the face of change or adversity. Mental illness causes significant changes in thinking, emotion, or behavior, as well as difficulties in social, work, or family activities. Mental illness affects nearly 1 in 5 adults in the United States. It is a very prevalent health concern and therefore, it is likely that most congregations have one or more members that struggle to maintain mental wellness. Mental illness can affect anyone regardless of gender, economic or social status, race, or sexual orientation. It can become a problem at any age, but three-fourths of all mental illness begins by age 24. (American Psychiatric Foundation Association 2018, 4)

Myths about Mental Illness

One of the barriers to caring for and including those who experience mental illness is the myth of agency, the belief that people are able to choose to feel or behave differently than they do. People with mental health struggles are held accountable for their feelings, decisions, and actions in a way that those who have intellectual disabilities are not. While sometimes people with mental illness are able to control what they feel or do, often their ability to regulate themselves is significantly impaired. When we do not acknowledge a diminished capacity for self-control or moral agency, we tend to be less sympathetic and hold them personally responsible for their conditions. The apostle Paul wrestled with his own struggle for personal moral agency in Romans 7 when he wrote, "I do not understand what I do. For what I want to do I do not do, but what I hate I do. For I have the desire to do what is good but I cannot carry it out. For I do not do the good I want to do but the evil I do not want to do – this I keep on doing. Now if I do what I do not want to do, it is no longer I who do it but it is sin living in me that does it." (Grcevich 2018, 26-27)

Another barrier to caring for and including people who struggle with mental health is the misassumption of demon possession. Although the Biblical descriptions of demon possession and

particular manifestations of psychoses share some bizarre behavior, they are not equivalent. (Horning 2001, 18) Demon possession, even by Biblical standards, was extremely rare. There are no references outside of the synoptic Gospels and Acts and no descriptions of demon-possessed believers. It stands to reason that possession by demons is also rare today. When we attribute mental illness to demon possession, we not only risk harmfully stigmatizing the person as "possessed" but we also create barriers to receiving needed medical treatment. Whether or not a person with mental illness is affected by demonic spiritual assault, they need both psychiatric and spiritual care. (Simpson 2013, 158-160)

Sometimes the disability of mental illness is seen as a punishment for sin. In fact, instead of seeing disability as a punishment for sin, Jesus frames disability as a means through which God's work can be revealed. In the story of the man blind from birth, the disciples ask Jesus who it was that sinned, the blind man or his parents. Jesus says neither sinned but that his blindness happened so that God's work would be displayed in him. (John 9:1-3) (Grcevich 2018, 23) Any disability then, including mental illness, is an opportunity for us to join in God's healing and restoring work.

Another myth that can interfere with congregational care and inclusion of people who are mentally ill is the belief that a lack of faith is the reason for their illness. Mental health struggles are often over-spiritualized in the Church. Persons with mental illness are told that if they just have more faith and pray that their mental illness will be taken away. When this does not happen, they are even more discouraged and disconnected with their congregations. They can even feel ashamed as if their lack of faith is responsible for their ongoing struggles, compounding their burden. Although spiritual care and support are necessary, mental illness requires medical treatment. In most cases it is not something that can just be prayed away. (Simpson 2013, 162-165) And, in fact, many people who experience mental illness have a deep spirituality and a sense of the presence of God in their lives. (Vanier and Swinton 2014, 304) The experience of mental illness can sometimes lead people to deeper levels of connection with God.

Mental Health and the Biblical Witness

What does the Bible teach us about mental health and healing? The state of complete wellness in the Bible is a state of "shalom." Shalom is justice, righteousness, and holiness. It means to be in right relationship with God. John Swinton says that health is to be in the presence of God. Swinton asserts that most healing comes from friends and family. So someone could be in the midst of a psychotic episode and still be healthy, if they were in right relationship with God and others. According to Swinton, "Mental health is not the absence of anything. It is the presence of Jesus. Mental health is not an ideal, a concept,

or a goal. It is a relationship. Mental health is a theological concept. It tells you something about who God is and who human beings are before God." (Swinton 2019, SITD)

Healing in the Bible often involves restoration to community. When he heals the lepers in the Gospel of Luke, Jesus tells them to go show themselves to the temple priests. This is because lepers could not attend temple and, in fact, were ostracized from community life. Healing of leprosy not only meant a cure for sickness but also a renewed place in society. The same is true of the bleeding woman that touched the hem of Jesus' garment to be healed (Matthew 9:20-22, Mark 5:25-34, Luke 8:43-48). Women were isolated from community during their time of menstruation. A woman who constantly bled would not be allowed to go out in public or be in contact with other people. When Jesus heals her, he restores her to fully participate in community life. Biblical healing, then, is a larger concept than simply the removal of illness. It is being restored to relationship with those around you and with God.

In 1 Corinthians 12, Paul describes the Church as the Body of Christ. The Body of Christ is made up of individual parts, each with its own particular function, each necessary to the function of the whole. Paul stresses that the parts that society considers less honorable are in fact given greater honor in the Body of Christ. So all persons are needed in the Body, each with their particular gifts and challenges. This includes people with mental illness. Their presence among us is necessary. We all need each other in order to be complete, in order to be whole.

Mental Illness and the Disabling Church

The church has struggled to be a welcoming and caring community for people who experience mental illness. In fact, the church itself can be disabling. According to Ben Conner, "It is our culture that disables. When one is disabled, the problem is not really that they have impairments and social skill deficits. The issue at stake is that they live in an "ableist" culture that rarely affords them the space or opportunity to make their unique contribution to society and does not lift up the value of choosing them as friends." (Conner 2012, 22) The problem is that we have not made space for all persons to belong regardless of their particular impairments. We need to examine the ways in which we create a church culture that disables people and excludes them from participation in order to create a new culture that welcomes and invites people to belong. (Grcevich 2018, 44)

The stigma of mental illness is still strong in our culture. The term "stigma" comes from the slave trade. The slave owners would place a mark on a person and then they were reduced to that mark. They no longer had a name or their own identity. John Swinton asserts that stigma is the result of not naming things properly. Persons who struggle with mental health can receive the label of a medical diagnosis

which then begins to define them. It can cause them to lose their identity so that when others think of them they only think of a caricature of their diagnosis. (Swinton 2019)

Will Vanderhart, a pastoral chaplain says that many or most congregations have a "radical theology of unbelonging." He believes that often the way that we use scripture and the way that we engage with one another makes people feel a deep sense of unbelonging. This is especially true for persons with mental health challenges. (Swinton 2019)

The Role of the Church and Mental Health

The church has a unique role to play in mental health care, different from the medical community. Jean Vanier and John Swinton explore this difference, saying, "Disciples of Jesus are not called to be competent therapists, but to have hearts that are loving and understanding… The Church is not called to find cures for mental illness. Such a task belongs to specialists of a different kind. It is called to a ministry of listening, understanding, and spiritual consolation." (Vanier and Swinton, 2014, 537 and 594). Congregations can provide support for people with mental illness through belonging, rituals, serving, worship, learning, small group connections, and safety through trauma-informed care.

Belonging

Jesus instructs the disciples and us to include persons with disabilities saying, "When you give a banquet, invite the poor, the crippled, the lame, the blind, and you will be blessed." (Luke 14:13) Including people with disabilities in the life of the church reflects the vision of the Kingdom of God. (Grcevich 2018, 22) It is interesting to note that Jesus doesn't say that people with disabilities will be blessed if you invite them, he says that *you* will be blessed if you invite them. Jesus implies a relationship of mutual blessing around God's table.

Vanier and Swinton assert, "If the church has anything to offer to people with mental illness (and indeed anyone else) it is the provision of a space in which they can truly feel that they belong." (Vanier and Swinton 2014, 475) Swinton proposes that congregations adopt a "radical theology of belonging." The church is in a uniquely gifted position to offer healing to all through relationship. This healing does not necessarily involve curing but accepting people just as they are with both impairments and gifts.

According to Swinton, inclusion is a legal concept. With inclusion, you have to be let in the room, but no one has to care about you. Belonging, on the other hand, comes from the concept of creation. God creates the world and makes us at home with creation and one another. And God gives humans the power to name. Belonging means that people know your name. Belonging means that you are called "friend," just as Jesus called his disciples "friend." (Swinton 2019)

Worship

Expression of lament, anger, confusion and doubt should be included in worship. It is important to acknowledge these often troubling emotions and give voice to them. The Psalms are a good source for the expression of a variety of feelings – even those we sometimes deem inappropriate. Likewise, the pastor should preach from the pulpit about mental health issues. Lifting up the topic of mental health in worship will normalize the common struggles that face many in the congregation and help them understand how their faith intersects with those struggles.

Worship can also offer hope, reminding people of God's promises and faithful presence, casting a vision of a future better than the present circumstances.

Ritual

Healing can be found in the ritual life of the church. According to Sarah Jean Barton, healing does not mean perfecting our minds and bodies, particularly in achieving some ideal of "normal." (Barton 2019) In fact, we embrace our imperfection before God in the practice of confession. To be human is to be imperfect and when we confess God blesses and absolves. In this practice we are restored to a right relationship with the One whose love for us is perfect and whose grace for us is boundless. When we practice confession we acknowledge that the church is made up of imperfect people, that to be imperfect is normal, and we are taken up into Christ's perfection together.

In baptism we are a new creation. We have a new identity that, according to Barton, "restores our optic for our neighbors." We are now joined in relationship to others in Christ and we no longer judge each other but see one another as God sees us. Likewise, in the Eucharist, we are drawn together at the table from near and far, with Jesus as our host, sitting down together as the family of God. (Barton 2019)

When we practice feetwashing, we remember that we are all in need of cleansing and we are called to serve one another in mutual devotion. No person is greater than another. We all follow Jesus' example of servanthood and love.

Serving

Part of belonging is serving. Each person is given gifts for the good of all. *The Message* interprets 1 Corinthians 12:7 as "Each person is given something to do that shows who God is: Everyone gets in on it, everyone benefits. All kinds of things are handed out by the Spirit, and to all kinds of people! The variety is wonderful." An effort should be made to call forth and employ gifts from those who are often dismissed as useless because of their disability. Find opportunities for all people, including those with mental illness, to participate or contribute to the community in some way.

Activism and Advocacy

Activism is also a significant way that churches can be involved in serving those with mental health needs and ways that those with mental health needs can serve. Standing up for increased access to mental health care for all who need it and for laws that restrict access to guns (as gun ownership is the highest risk factor for death by suicide) are two ways to fight against some of the systemic causes of stigma.

Learning

Classes on a holistic concept of mental wellness and how that relates to faith and the faith community would be helpful, not only to those who struggle but to educate others who might come to a better understanding. Guest speakers on mental wellness and mental health care could be scheduled. These classes do not only educate and inform, they help bring the issues of mental health forward as a topic of discussion instead of something that is hidden. This education could be extended into the larger community by hosting community trainings on how to provide support for those with mental health needs.

Consider training in Mental Health First Aid for congregational staff and leaders. This training helps us identify, understand and respond to signs of addiction and mental illness.

Small Groups

Including people with mental health struggles in a small group can help reduce isolation and create a sense of belonging. It could be a typical small group of church members through which they can develop friendships. It could be a support group of others who share some of the same struggles or a group of church members specifically called to support one person in a time of crisis. You might want to connect with NAMI (National Alliance on Mental Illness) for an additional support group specifically for people who have mental health concerns.

Trauma-Informed Care

People who have experienced trauma and have post-traumatic stress disorder are prevalent in our culture and in our congregations. Over half of all women and men in the U.S. have experienced a traumatic event and 90% of patients in public behavioral health care have experienced trauma. (SAMHSA-HRSA Center for Integrated Health Studies 2020). Churches should create communities of trauma-informed care for all. We are more accessible when we create hospitable environments that promote healing rather than re-traumatization. There are five key principles of trauma-informed care.

- Safety: Physical and emotional safety, welcoming space, protection of privacy
- Choice: Persons have control, agency, responsibilities, appropriate and clear boundaries

- Collaboration: Persons are involved in decisions about their own care and well-being, shared power
- Trustworthiness: There is trust between individuals and leaders, appropriate boundaries
- Empowerment: Focus on strengths rather than deficits, affirmation (Buffalo Center for Social Research 2019)

Suicide and the Church

Ninety percent of those who die by suicide are experiencing a mental health crisis at the time of their death. Suicide is the tenth most common reason for death for all ages and the second most common reason for death for persons between the ages of 15 and 24. Suicide is preventable, and it is important to know the warning signs. A desire to kill one's self, access to the means (pills or weapons) for self-harm, and having a plan for suicide are the clearest risk factors. The more detailed and concrete the plan, the more likely the suicide attempt. If you believe someone is at risk of suicide, contact emergency services immediately. Persons at risk of suicide need care from a mental health professional. (American Psychiatric Association 2018)

There have been harmful teachings in the Church about suicide. Some helpful correctives from Matthew Stanford are:

1. Having strong faith does not necessarily prevent thoughts of suicide.
2. God offers support and comfort to those who feel suicidal in the Bible.
3. The Bible does not condemn those who die by suicide nor is their reputation diminished by the act of suicide.
4. Suicide does not prevent a person from entering eternal life with God.

Stanford writes, "The gospel is a message of forgiveness, redemption, and hope. When psychological distress overwhelms an individual and the person takes their life, our response should be one of grace toward their legacy while showing sympathy and compassion toward their family. The gospel makes no room for fear, shame, and condemnation; we must do the same in the church when we lose a brother or sister to mental illness." (Stanford 2018, 231-232)

Referral to Mental Health Professionals

Pastoral counseling is not the same as professional treatment for mental health conditions. Pastors should practice appropriate and clear professional boundaries, offering a listening ear, spiritual counsel,

and prayer support but providing a referral when professional mental health care is needed. There are some situations in which a referral is necessary:

- When a person's distress is not improving after continued pastoral care
- When the level of disclosure needed for caring for a distressed person would cause her/him to feel uncomfortable in the church
- When the pastor is socially or emotionally unable to be objective
- When the pastor does not have the skill, time, or training to engage in the needed level of care
- When someone is engaging in self-harm: eating disorder, self-mutilation (cutting or burning), or other self-destructive behavior

When someone is a danger to themselves or others, call for emergency medical care (911).

Mental Health Resources

- National Alliance on Mental Illness (NAMI), 800-950-NAMI, info@nami.org, or in a crisis text "NAMI" to 741741
- WISE U.C.C. Mental Health Network, http://mhn-ucc.blogspot.com/
- National Suicide Prevention Lifeline, 1-800-273-TALK (8255)
- Mental Health First Aid, https://www.mentalhealthfirstaid.org/
- Pathways to Promise, https://www.pathways2promise.org/
- Interfaith Network for Mental Health, http://inmi.us/

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